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APPLICANTS

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** CONTINUING DATA ***** *AB*

This application is a CIP of 10/249,998 05/27/2003 PAT 6,833,391 *
 (*)Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS ***** *AB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/28/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 0	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Herrmann</i>				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

Curable (meth)acrylate compositions

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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